

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

District of Arizona

ORIGINAL

Tucson Division

EDWARD J. GLADNEY

CV 17-0427 TUCDCB

Case No. 17-cv-

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

J. T. SHARTEL, et al.

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

FILED	LODGED
RECEIVED	COPY
AUG 28 2017	
CLERK U.S. DISTRICT COURT DISTRICT OF ARIZONA	
BY	DEPUTY

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Edward Jorodge Gladney		
All other names by which you have been known:	N/A		
ID Number	80179-279		
Current Institution	USP Beaumont		
Address	P.O. Box 26030		
	Beaumont	TX	77720
	<i>City</i>	<i>State</i>	<i>Zip Code</i>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	J. T. Shartel		
Job or Title (<i>if known</i>)	Warden		
Shield Number			
Employer	FBOP		
Address	USP Tucson POB 24550		
	Tucson	AZ	85734
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Defendant No. 2

Name	Terell Powell		
Job or Title (<i>if known</i>)	Inmate		
Shield Number	BOP # ?		
Employer	BOP		
Address	USP Tucson POB 24550		
	Tucson	AZ	85734
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input checked="" type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity			

Defendant No. 3

Name B. Westling

Job or Title *(if known)* Correctional Officer

Shield Number _____

Employer BOP

Address USP Tucson POB 24550

Tucson Az 85734

City State Zip Code

☐ Individual capacity ☒ Official capacity

Defendant No. 4

Name Federal Bureau of Prisons

Job or Title *(if known)* United States Penitentiary

Shield Number _____

Employer _____

Address POB 24550

Tucson TX 85734

City State Zip Code

☐ Individual capacity ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against *(check all that apply)*:

☒ Federal officials (a *Bivens* claim)

☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Violation of Civil Rights; Protected Right to be Free From Sexual assault in a Federal Prison (See, 18 USC §242).

- D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
- On May 19, 2016, Defendant Terell Powell sexually assaulted me between the hours of 9:01 am and 10:05 am; Defendant B. Westling failed to negligently failed to monitor the Unit and Inmate not housed there; Defendant Warden failed to adequately staff Unit with two Officers and/or train staff to monitor Unit and out-of-bounds inmate; Defendant BOP was negligent and denied Claim under FTCA.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☒ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.
- On May 19, 2016, Defendant Terell Powell sexually assaulted me between the hours of 9:01 am and 10:05 am; Defendant B. Westling failed to negligently failed to monitor the Unit and Inmate not housed there; Defendant Warden failed to adequately staff Unit with two Officers and/or train staff to monitor Unit and out-of-bounds inmate; Defendant BOP was negligent and denied Claim under FTCA.

- C. What date and approximate time did the events giving rise to your claim(s) occur?
May 19, 2016 between the hours of 9:01 am and 10:05 am Mountain Time.

-
- D. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*
Sexually assaulted by an out-of-bounds inmate.
-

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Several (see Exhibit #3 attached).

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Monetary Damages to the fullest extent of the law and/or decided by a jury.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

USP Tucson
PO Box 24550
Tucson, AZ 85734

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

All

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Under the FTCA (See, Exhibit #1, attached)

2. What did you claim in your grievance?

Loss and personal injury

3. What was the result, if any?

Denied

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

See, Exhibit #1

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

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N/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 8-15-17

Signature of Plaintiff

Printed Name of Plaintiff

Edward J. Gladney

Prison Identification #

80179-279

Prison Address

USP Beaumont, POB 26030Beaumont

City

Texas

State

77720

Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address



U.S. Department of Justice

Federal Bureau of Prisons

*Consolidated Legal Center
Federal Correctional Institution
37900 N. 45th Avenue
Phoenix, Arizona 85086*

March 10, 2017

VIA CERTIFIED MAIL

7010 1670 0000 4776 9904

Edward Gladney
#80179-279
USP Tucson
Post Office Box 24450
Tucson, Arizona 85734

Re: Administrative Claim No. TRT-WXR-2017-00489

Dear Mr. Gladney:

This is in response to the administrative claim submitted to this office under the provisions of the Federal Tort Claims Act, 28 U.S.C. §§ 1346, 2671, et seq. You seek \$5,660,850.00 in compensation for alleged personal injury as a result of events occurring at the United States Penitentiary (USP), Tucson, Arizona, on May 19, 2016.

Investigation fails to disclose any evidence of negligence or other conduct for which the United States is liable. You have failed to establish that you sustained a loss or personal injury as a result of staff negligence in this matter.

Accordingly, your claim is denied. If you are not satisfied with this determination, you are afforded six months from the date of the mailing of this letter via certified mail, within which to bring suit in the appropriate United States District Court.

Sincerely,

Dennis M. Wong
Western Regional Counsel

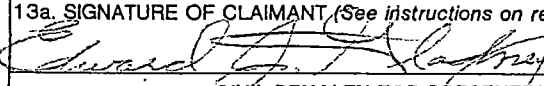
A handwritten signature in black ink, appearing to read "DTH", is written over the typed name of David T. Huband.

David T. Huband
Supervisory Attorney Advisor

DTH/jmh

cc: J.T. Shartle, Complex Warden, FCC Tucson



CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008 EXPIRES 4-30-88						
1. Submit To Appropriate Federal Agency: Federal Bureau of Prisons		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) Edward J. Rodge Gladney #80179-279 United States Penitentiary Tucson P.O. Box 24550 Tucson, AZ 85734								
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 06-06-1984	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT May 19, 2016 - Thursday	7. TIME (A.M. OR P.M.) 9:01 AM - 10:05 AM						
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) On May 19, 2016, between the hours of 9:01 AM and 10:05 AM, inmate Terrell Powell, who was assigned to be housed on D-1 unit (South side) ventured "out of bounds" to my assigned unit - B-2 unit (North side) and sexually harassed and assaulted me. The officer posted in my unit (B-2), Correctional Officer B. Westling, willfully or otherwise negligently failed to monitor inmates who did not belong in the unit (B-2).										
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) - NONE - BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) - NONE -										
10. PERSONAL INJURY/WRONGFUL DEATH STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. Sexual assault and harassment. Said incident has inflamed past symptoms of Post-Traumatic Stress Disorder, Anxiety/Panic Attacks. I consistently have recurrent nightmares, anxiety/panic attacks, rapid heartbeats, heart palpitations, shortness of breath, and night sweats stemming from this incident.										
11. WITNESSES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">NAME</th> <th>ADDRESS (Number, street, city, State, and Zip Code)</th> </tr> <tr> <td>B. WESTLING</td> <td rowspan="3">United States Penitentiary Tucson 9300 S. Wilmot Rd. Tucson, AZ 85706</td> </tr> <tr> <td>WALKER</td> </tr> <tr> <td>LT. REED</td> </tr> </table>					NAME	ADDRESS (Number, street, city, State, and Zip Code)	B. WESTLING	United States Penitentiary Tucson 9300 S. Wilmot Rd. Tucson, AZ 85706	WALKER	LT. REED
NAME	ADDRESS (Number, street, city, State, and Zip Code)									
B. WESTLING	United States Penitentiary Tucson 9300 S. Wilmot Rd. Tucson, AZ 85706									
WALKER										
LT. REED										
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">12a. PROPERTY DAMAGE - NONE -</td> <td style="width:25%;">12b. PERSONAL INJURY \$5,660,850.00</td> <td style="width:25%;">12c. WRONGFUL DEATH - NONE -</td> <td style="width:25%;">12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$5,660,850.00</td> </tr> </table>					12a. PROPERTY DAMAGE - NONE -	12b. PERSONAL INJURY \$5,660,850.00	12c. WRONGFUL DEATH - NONE -	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$5,660,850.00		
12a. PROPERTY DAMAGE - NONE -	12b. PERSONAL INJURY \$5,660,850.00	12c. WRONGFUL DEATH - NONE -	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$5,660,850.00							
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM										
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) 			13b. Phone number of signatory - NONE -	14. DATE OF CLAIM 09-15-2016						
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)							



This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
 C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
 D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - Insert the word **NONE** where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. ☐ No

- NONE -

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

- NONE -

17. If deductible, state amount

- NONE -

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

- NONE -

19. Do you carry public liability and property damage insurance? ☐ Yes, If yes, give name and address of insurance carrier (Number, street, city, State, and Zip Code) ☐ No

- NONE -

TRULINCS 80179279 - GLADNEY, EDWARD JORODGE - Unit: OKL-C-C

FROM: Psychology
TO: 80179279
SUBJECT: RE:***Inmate to Staff Message***
DATE: 07/20/2017 07:42:04 AM

You will be scheduled to speak with a psychologist.

Psychology Services
FTC Oklahoma City

>>> ~^!"GLADNEY, ~^!EDWARD JORODGE" <80179279@inmatemessage.com> 7/19/2017 10:06 AM >>>

To: Psychology
Inmate Work Assignment: NONE

I have been having nightmares, night sweats, rapid heart beat, panic attacks, and daytime headaches from a past incident at USP Tucson...

And as a separate issue, I have been diagnosed with Gender Dysphoria, and have yet to receive my issue of Appropriate Undergarments.

Regards,
E. Gladney

